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HEMOSTA.022C1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Julius G. Hammerslag
Appl. No. : 10/827,101
Filed : April 19, 2004
For : METHOD OF SPINAL FIXATION
USING ADHESIVE MEDIA
Examiner : Ramana, Anuradha
Group Art Unit : 3732

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked
attachments are being faithfully transmitted to the Patent
and Trademark Office on the date shown below:

June 7, 2005

(Date)

Walter S. Wa, Reg. No. 50,816

AMENDMENT AND INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on May 19, 2005, Applicant submits the
following response, of which:

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this paper.

Remarks/Arguments begin on page 7 of this paper.

A PTO/SB/08 Equivalent is enclosed with this paper.

16/08/2005 TL0111 00000003 111410 10827101

01 FC:2202 350.00 BA

-1-

PAGE 3/14 * RCVD AT 6/7/2005 2:32:35 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-14 * DNS:8729306 * CSID:949 760 9502 * DURATION (mm:ss):04:12

06/14/2005 NPATTERS 00000003 111410 10827101

01 FC:2202 350.00 BA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10827101

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	97 minus 20 =	13
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	31	Minus	33	
	Independent	4	Minus	4	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	47	Minus	33	14
	Independent	4	Minus	4	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus		
	Independent		Minus		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	234
X86=	66
+290=	0
TOTAL	1090

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	700
X86=	
+290=	
TOTAL	700

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	